




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : SAKO, Yoichiro *et al.*
Appl. No. : 09/407,550
Filed : September 28, 1999
Title : TRANSMITTING METHOD AND TRANSMITTING DEVICE, RECEIVING
METHOD AND RECEIVING DEVICE, AND TRANSFER METHOD AND
TRANSFER SYSTEM
Art Unit : 2634
Examiner : ODOM, Curtis B.

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail in an envelope
addressed to: Mail Stop Amendment, Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)



Signature

July 6, 2004
Date of Signature

RECEIVED

JUL 14 2004

Technology Center 2600

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of April 21, 2004, please amend the above-identified
application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 30.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoichiro SAKO et al.
Serial No. : 09/407,550
For :
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MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	145	Minus	145 =	0 x	\$18(9)	= \$0
Independent claims	10	Minus	10 =	0 x	\$86(43)	= \$0
				Total additional fee for this amendment		= \$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 - Credit Card Payment Form in the amount of \$ _____ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)

Signature
July 6, 2004
Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

Samuel S. Lee, Reg. No. 42,791 for
By: William S. Frommer
Reg. No. 25,506
Tel. (212) 588-0800